

10-21-05

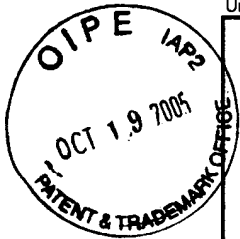
1549
[Signature]

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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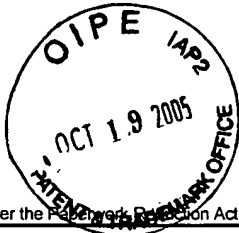


TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/880,097
		Filing Date	June 14, 2001
		First Named Inventor	Anton WELLSTEIN
		Art Unit	1649
		Examiner Name	D. KOLKER
Total Number of Pages in This Submission	5	Attorney Docket Number	544582000200

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages 2. Copy of Request to Transfer - 1 page 3. Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>[Handwritten Signature]</i>		
Printed name	Debra J. Glaister		
Date	October 19, 2005	Reg. No.	33,888

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail EL334466191US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
 Dated: October 19, 2005 Signature: *[Handwritten Signature]* (Georgina Matos)



PTO/SB/83 (04-05)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/880,097
	Filing Date	June 14, 2001
	First Named Inventor	Anton WELLSTEIN
	Art Unit	1649
	Examiner Name	D. KOLKER
	Attorney Docket Number	544582000200

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This transfer is being made at the request of the client, Georgetown University Medical School.

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John Quisel Fish & Neave IP Group, Ropes & Gray LLP		
Address	One International Place		
City	Boston	State	MI
Zip	02110		
Country	U.S.A.		
Telephone	(617) 951-7885	Email	jquisel@ropesgray.com
Signature			
Name	Debra J. Glaister	Registration No.	33,888
Date	October 19, 2005	Telephone No.	(650) 813-5725

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: October 19, 2005	Signature: (Georgina Matos)



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John Quisel Fish & Neave IP Group, Ropes & Gray LLP		
Address	One International Place		
City	Boston	State	MI
Country	U.S.A.		
Telephone	(617) 951-7885	Email	jquisel@ropesgray.com
Signature	<i>Debra J. Glaister</i>		
Name	Debra J. Glaister	Registration No.	33,888
Date	October 19, 2005	Telephone No.	(650) 813-5725

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 Dated: October 19, 2005 Signature: *Georgina Matos* (Georgina Matos)



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John Quisel Fish & Neave IP Group, Ropes & Gray LLP		
Address	One International Place		
City	Boston	State	MI
Country	U.S.A.		
Telephone	(617) 951-7685	Email	jquisel@ropesgray.com
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Name	Debra J. Glaister	Registration No.	33,888
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Dated: October 19, 2005 Signature: *Georgina Matos* (Georgina Matos)



GEORGETOWN UNIVERSITY

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CONFIRMATION

October 13, 2005

VIA FACSIMILE

Debra J. Glaister
Morrison & Hoerster, LLP
755 Page Mill Road
Palo Alto, CA 94304-1018

Dear Debbie,

SUBJECT: PLEIOTROPHIN GROWTH FACTOR RECEPTOR FOR THE TREATMENT OF
PROLIFERATIVE, VASCULAR, AND NEUROLOGICAL DISORDERS
PCT/US01/18938
By Anton Wellstein, M.D., Ph.D.
OUR REF: WEAN423011
YOUR REF: 54458-20002

This letter is to inform you that Georgetown University is transferring the above-referenced International Patent Application and all national phase filings (USA, AUS, CA, EPC) to Ropes & Gray. Please expedite this transfer, incurring no further charges on this case. The contact person is:

John Quisel
Fish & Neave IP Group
Ropes & Gray LLP
One International Place
Boston, MA 02110
Tel: 617-951-7685
Fax: 617-951-7050
jquisel@ropesgray.com

Thank you for your attention to this matter. Please contact me if you have any questions.

Best regards,

Shoji Takahashi, M.D., Ph.D.
Licensing Manager

Harris Building Suite 101 3300 Whitehaven Street, NW
Box 571408
Washington DC 20007
202 687-7424 202 687-3111 facsimile